Is Rural Medicine for You?

BY DEBBIE FELDMAN

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Is Rural Medicine for You?

You won't get rich, but if you like a sense of community and seeing a wide variety of patients, a rural practice setting may be right for you. Jobs are abundant and the government has repayment options for medical school loans.

ACCORDING TO THE U.S. OFFICE of Management and Budget, more than 51 million people, or one-fifth of the population of the United States, live in "non-metropolitan" areas. Some two-fifths of these Americans, or roughly 20 million, live in areas with a shortage of physicians. Only 11 percent—or roughly 78,000—of American doctors practice in non-metropolitan areas, and less than 20,000 of these are in general or family practice, according to 2000 data.

Physicians working in rural areas spend more time each week in patient care than their urban counterparts. They often lack on-site specialist backup and have more call coverage time than urban doctors, as well. Given this, why would a physician choose to work in a rural setting?

According to the American Academy of Family Physicians (AAFP) "Report on Survey of 2001

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Mary Beth Miller, MD, a family practice physician at Cheyenne County Hospital/Rural Health Clinic in St. Francis, Kansas, benefitted from loan repayment programs early in medical school when she decided on a rural practice. "I did a summer rotation with a doctor in rural Oakley, Kansas, between my first and second years of medical school. Seeing how much he did, his relationship with his patients and the families and his lifestyle sold me on doing rural primary care."

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Graduating Family Practice Residents," less than six percent of 2001 graduating residents indicated an intention to practice in rural areas of towns with populations of less than 2,500. Another 16 percent plan to practice in small towns of between 2,500 and 10,000 population. Still, nearly 78 percent of graduating residents plan to practice in areas with populations above 10,000.

Dollars for doctors

To help ease the continuing shortage of rural doctors, in 1971 Congress created the National Health Service Corps (NHSC) as

WANT TO KNOW MORE?

National Rural Recruitment and Retention Network, Inc. (3R Net)
info@3rnet.org, 800-787-2512
www.3rnet.org

National Rural Health Association (NRHA)
One West Armour Blvd., Suite 203
Kansas City, MO 64111-2087
mail@NRHArural.org, 816-756-3140
www.nrharural.org

National Health Service Corps (NHSC)
Health Resources and Services Administration (HRSA)
U.S. Department of Health and Human Services 800-221-9393
http://nhsc.bhpr.hrsa.gov

Indian Health Service (IHS)
U.S. Dept. of Health and Human Services U.S. Office of Public Health, The Reyes Bldg., 801 Thompson Ave., Suite 400, Rockville, MD 10852-1627
301-443-1083, *www.ihs.gov*
Loan Repayment Program
12300 Twinbrook Parkway, Suite 100, Rockville, MD 10852, 301-443-3396
www.ihs.gov/JobsCareerDevelop/DHPS/LRP/lrpsc.asp

American Academy of Family Physicians (AAFP)
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
800-274-2237, 913-906-6000
www.aafp.org
See *www.aafp.org/fellowships/rural.html* for a list of fellowship programs in rural medicine. ■

part of the U.S. Department of Health and Human Services to urge primary care practitioners to practice in underserved areas and to help underserved areas recruit primary care doctors. The program offers physicians medical school scholarships and loan repayments in return for serving a specific period of time in a designated underserved area. Currently, 60 percent of program participants are working in rural areas.

The NHSC designates primary care health professional shortage areas (HPSAs) in the United States and its territories. Forty percent of these HPSAs are in rural areas. The need for doctors is especially great in the southern states of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

To qualify for NHSC loan repayment, physicians must serve a minimum of two years in a clinical practice in an underserved area. The Department of Health and Human Services recently awarded a record $89 million in scholarships and loan repayments to health professionals who agreed to work in underserved areas—an increase of almost $19 million over last year. And, for fiscal year 2003, President Bush has proposed an additional 32 percent increase in the budget for the NHSC.

"I applied for a number of debt forgiveness programs from medical school on, as soon as I knew I was headed rural," says Mary Beth Miller, MD, a family practice physician at Cheyenne County Hospital/Rural Health Clinic in St. Francis, Kansas. During residency, when she signed a contract with Cheyenne County Hospital, it provided a loan to help her with medical school loan repayment. Last year, she received a NHSC loan. "There are a lot of programs available, and I encourage anyone thinking about medicine to think of rural areas and take advantage of the help."

The National Rural Recruitment and Retention Network, Inc. (3R Net) is a network of non-profit state organizations that helps health professionals locate practice opportunities in rural areas. According to Fred Moskol, the program's executive director, family medicine is the specialty most in demand in rural areas, and the network has nearly 1,700 family medicine positions available at this time. There is also a demand for orthopaedics, radiology, and general surgery specialists in rural areas.

Moskol says that whether a physician is from a rural area is a good predictor of whether he or she will be interested in pursuing a rural practice. Miller seems well suited to a rural practice. She grew up in a town of 420 in Nebraska, and considered rural practice from her first year of medical school. "I did a summer rotation with a doctor in rural Oakley, Kansas, between my first and second years of medical school. Seeing how much he did, his relationship with his patients and the families and his lifestyle sold me on doing rural primary care." She chose a residency that specialized in preparing doctors for rural settings: Smoky Hill Family Practice Residency in Salina, Kansas.

"You have to want to live in a rural

Nagesh Chopra, MD has been practicing in rural southeastern Colorado for nearly a year. He says the cost of life there is far lower than his previous home in New Jersey. "Being a small town, everybody knows you and people are generally courteous to you. People swing by your clinic and give you fresh farm eggs and home-grown vegetables, which you would never imagine in a major city. I come home for a lunch break for an hour and a half every day."

PHOTO/ © 2002 WALDRON'S PHOTOGRAPHY, INC

area," she cautions. If you don't, you'll get bored with the pace, the lack of entertainment, etc. I love the rural setting, knowing everyone—the community sense. I practice medicine here because I love rural life."

The rural way of life

Robert Bowman, MD is the co-chair of the Rural Medicine Educators Group of the National Rural Health Association (NRHA), a national membership organization that strives to improve health care for rural Americans. "Physicians who are drawn to rural practice want to

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make a difference in people's lives and want to have a respected position where you care for a town and the town cares for you," he explains. Doctors suited to rural practice are "willing to learn from their patients, their town leaders, and from each other. Despite the best training programs, physicians still have much to learn on the job. In the city, physicians can send a patient to just about anyone. Rural docs do not have this luxury if they want to take the best care of their patients." Well-trained rural physicians need to be able to perform a wide range of services that are important to rural communities: treadmill stress tests, colonoscopies, minor surgical procedures, and obstetrics.

He predicts the demand for rural doctors will continue to increase in the future, due to homeland security measures adopted by the federal government since the September 11 terrorist attacks. "In the next two years we will lose more than 2,500 physicians in these rural areas," he says. "Foreign doctors used to be able to do service in underserved areas in order to qualify for the J-1 Visa program and stay in the country. This program has been abruptly terminated."

According to Bowman, physician training programs graduate about 700 rural family physicians each year. This number has not changed over the past 30 years, nor has it kept up with the number of rural doctors retiring or leaving practice. And, growing rural populations are now "fueling the demand for more rural docs." Unfortunately, the trend has been for medical schools to avoid increasing the number of students they admit from rural areas, and hence there has been no real increase in the number of physicians who choose to practice in rural areas. "In order to get the most dependable source of rural physicians, medical schools need to admit students who come from small towns themselves," he explains.

He adds that the best rural doctors are often more oriented toward service than intellectual pursuits. "Unfortunately, medical schools put a priority on intellect far more than service. It is no wonder that only 400 of 16,000 medical school graduates each year are interested in towns of less than 10,000 people."

More than 51 million people, or one-fifth of the population of the United States, live in "non-metropolitan" areas, while only 78,000 of American doctors practice in such areas, and less than 20,000 of these are in general or family practice.

Nagesh Chopra, MD, an internist who practices family medicine at Southeast Colorado Hospital and the Rural Health Clinic in Springfield, Colorado, has been there since October 2001. "I have an obligation of working in a medically underserved area for three years, to waive my two year home returning requirement, as I was on a J-1 Visa in the United States for my residency training."

Chopra sees the main advantages of a rural practice as lifestyle choices. "My life is extremely laid back here as opposed to when I was practicing in New Jersey. I can give more time to myself and pursue my hobbies: I swim every day and I maintain a garden. Money goes very far in my rural community. I rent a three-bedroom house with a garage, backyard, and basement for $450 a month, as opposed to a one-bedroom rental in New Jersey for $1,000. Being a small town, everybody knows you and people are generally courteous to you. People swing by your clinic and give you fresh farm eggs and home-grown vegetables, which you would never imagine in a major city. I come home for a lunch break for an hour and a half every day."

Secrets of Success

What kind of personality should a rural doctor have? "A rural doctor should have a broad base of knowledge of medicine and feel comfortable seeing all kinds of patients," says Chopra. "He should not hesitate to call for help and ask questions when needed. He should not be rigid in his practice style as a lot of patients in rural practice being indigent don't follow what you tell them to do, mainly for financial reasons."

Bowman says character and goals of the physician are key. "It's important that physicians practice in rural settings because of who they are and what they want to become," he says. Miller agrees: "The medicine you can do here will be different than what you might be able to do in an urban setting. That goes both ways: Sometimes I know I do more than I would have to do in an urban setting, and there are other times I have to transfer because we just can't handle the illness in our setting. A doctor has

to be comfortable both ways."

David Yost, MD, a family practitioner, is the clinical director of the Whiteriver Hospital in Whiteriver, Arizona, an Indian Health Service (IHS) facility. Yost's father was a pediatrician with the IHS for 30 years, and Yost grew up in rural reservation settings. While attending the University of Arizona College of Medicine, he became involved with a student group that focused on health care in rural and underserved areas. "It was clear that I would have a broader opportunity to use my clinical skills in a rural setting," he says. In addition to working at Whiteriver since graduating from residency 12 years ago, he has done several short-term assignments at other IHS sites around the country.

"Successful and satisfied rural physicians tend to be creative, independent, and very flexible," he explains. "Those who don't understand the value of limited resources tend to fail in rural settings. Teamwork is also important. We strongly resist the urge to carve out individual territory. People who isolate themselves professionally from their co-workers find the rural hospital setting to be very lonely. You have to be willing to lay down your pride and pitch in where needed."

The Indian Health Service (IHS) operates a loan repayment program in order to meet the needs of Indian health programs. Those interested in working in clinical practice at an IHS facility sign an agreement to work for two years. The loan repayment program repays a portion of the physician's medical education loans.

Cathy Baldwin-Johnson, MD, is a family physician at Providence Matanuska Health Care in Wasilla, Alaska, 45 miles from Anchorage. She grew up in Anchorage and made the decision while in medical school that she wanted to settle in a smaller town. She worked in Anchorage for her first two years after residency, then moved to Wasilla in 1985 and opened a practice.

"Rural practice is best suited for someone who likes the rural lifestyle, wants to raise their children in a small town, is willing to work hard without huge financial compensation, and who wants to make a real difference in the health and well-being of a whole community," she says. "I like knowing my patients outside the office and having them know me as a human being and neighbor, not just as a doctor. I like having moose in my yard, and I like being close to the recreational activities I enjoy."

Of course, there are some less-than-desirable elements of rural practice, she concedes. "The drawbacks are more call, difficulty recruiting, less pay, and less flexibility for time off. We lack some sub-specialty backup, but help is not far away in Anchorage and most of the specialists are receptive to phone consults."

But some of the drawbacks can be ameliorated. "There are two main ways I've tried to compensate for the longer hours and more call time. One is by having a daycare in my office so that when my kids were younger, they were at work with me. The other has been to set boundaries for call, so that if I'm off, I'm really off and I spend that time with my family."

Reducing isolation with technology

One way that rural physicians keep in touch with other physicians, research medical information, and consult with specialists is via technology. Baldwin-Johnson uses the Internet to access medical information and research topics. She also participates in a list-serve dedicated to medical professionals who work in the area of child abuse. Yost cites his facility's telemedicine and computerized teleradiology systems, which allow him to access virtually any type of specialty consult he needs. He also uses teleconferencing with the University of Arizona.

Miller's clinic has access to CT, ultrasound, mammography, and Dexascan testing as agencies from out of town bring in trucks with equipment to provide the service locally. She also faxes EKGs to a cardiologist for opinions.

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Bowman warns, though, that "Technology is not a factor in attracting or holding physicians to an area. Medical care in rural areas is very personal. This is what rural patients expect and what rural doctors deliver. Students who truly want to choose rural practice do so because of who they are."

Miller agrees. "I could not practice where I wouldn't be able to spend a little time with my patients. If I were in a bigger place and had to see a set quota of patients a day, I would go crazy," says Miller. "This is the best place in the world to become a good clinician and to be able to shape your practice to what you want it to be." ■

Debbie Feldman is a New York City-based free-lance writer.